

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## Form SPAC COVER SHEET PG 1

RECEIVED - CSO

15 APR 15 PM 1:54

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

7

3 COMMITTEE NAME

Citizens for Arlington

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

505 E Border Street  
Arlington, TX 76010

☐ change of address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Stephen

R

NICKNAME

LAST

SUFFIX

Steve

Zimmer

6 CAMPAIGN  
TREASURER'S  
STREET ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

407 E BEADY ROAD  
Arlington, TX 76006

7 CAMPAIGN  
TREASURER'S  
MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

407 E BEADY ROAD  
Arlington, TX 76006

☐ change of address

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 366-1532

9 REPORT TYPE

☐ January 15  
☐ July 15

☐ 30th day before election  
☐ 8th day before election  
☐ Runoff

☐ Exceeded \$500 limit  
☐ Dissolution (attach PAC-DR)  
☐ 10th day after campaign treasurer termination

10 PERIOD  
COVERED

Month Day Year

1 / 1 / 2015

THROUGH

Month Day Year

4 / 15 / 2015

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 4 / 2014

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☒ Special

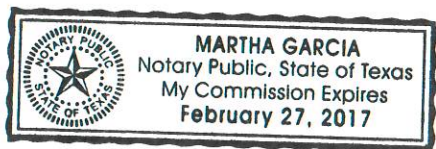
GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>Citizens for Arlington</i>		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>City of Arlington</i> ELECTION DATE Month Day Year <i>4/2014</i>	
		DESCRIPTION <i>City Bond Proposition</i>	
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>—</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3450.86</i>	
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>15.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>15000.00</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>—</i>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>—</i>	

## 15 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Joseph L. Zimmer*

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Stephen Zimmer*, this the *15th* day of *April*, 20 *15*, to certify which, witness my hand and seal of office.

*Martha Garcia*

Signature of officer administering oath

*Martha Garcia*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/7/2015

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ernest J + Kathryn Wilmon

6 Contributor address; City; State; Zip Code

4100 Shady Valley Drive  
Arlington, TX 76013

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Cliff Mycoskie

Contributor address; City; State; Zip Code

1409 Woodbine Court  
Arlington, TX 76012

Amount of contribution (\$)

\$2450.86

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: 1

2 FILER NAME

Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/27/2015

5 Corporation / Labor Organization name

Oncor Electric Delivery Co

6 Corporation / Labor Organization address; City; State; Zip Code

PO Box 970, 115 West St  
Ste 405, Ft Worth, TX 76101

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 2 FILER NAME Citizens for Arlington 3 ACCOUNT # (Ethics Commission Filers)

4 Date 1/15/2015 5 Payee name Cliff Mycoskie

6 Amount (\$) \$12000- 7 Payee address: City: State: Zip Code 1409 Woodbine Court  
Arlington, TX 76012

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Loan Repayment (Partial) (b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 01/31/2015 Payee name Frost Bank

Amount (\$) \$5.00 Payee address: City: State: Zip Code PO Box 16509  
Fort Worth, TEXAS 76162

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FEES Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 02/28/2015 Payee name Frost Bank

Amount (\$) \$5.00 Payee address: City: State: Zip Code PO Box 16509  
Fort Worth, TEXAS 76162

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FEES Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 05/31/2015 Payee name Frost Bank

Amount (\$) \$5.00 Payee address: City: State: Zip Code PO Box 16509  
Fort Worth, TEXAS 76162

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FEES Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>Citizens for Arlington</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/15/2015</b>		5 Payee name <b>Cliff Mycoskie</b>			
6 Amount (\$) <b>\$549.14</b>		7 Payee address; City: State: Zip Code <b>1409 Woodbine Court Arlington, TEXAS 76012</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Loan Repayment</b>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/15/2015</b>		Payee name <b>Cliff Mycoskie</b>			
Amount (\$) <b>\$2450.86</b>		Payee address; City: State: Zip Code <b>1409 Woodbine Court Arlington, TEXAS 76012</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Final Loan Repayment</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

## FORM PAC - DR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

1 COMMITTEE NAME

*Citizens for Arlington*

2 ACCOUNT # (Ethics Commission Filers)

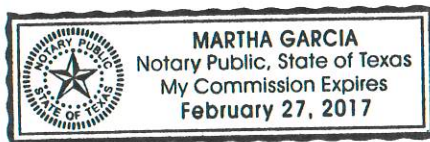
### 3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Stephen L. Zimmer*

Signature of Campaign Treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Stephen Zimmer*, this the *15th* day of *April*, 20 *15*, to certify which, witness my hand and seal of office.

*Martha Garcia*

Signature of officer administering oath

*Martha Garcia*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath